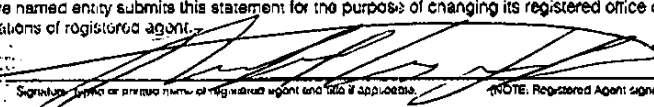
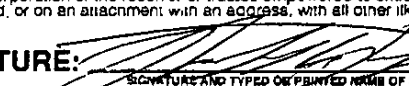


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90033 029 ***150.00

DOCUMENT # P97000024519			
1. Entity Name IRAFLEX, INC.			
Principal Place of Business 3356 NE 42ND COURT FT LAUDERDALE, FL 33308		Mailing Address 3356 NE 42ND COURT FT LAUDERDALE, FL 33308	
2. Principal Place of Business 270 SE 8TH STREET Suite, Apt. #, etc.		3. Mailing Address 270 SE 8TH STREET Suite, Apt. #, etc.	
City & State Pompano Beach, FL 33060		City & State Pompano Beach, FL 33060	
Zip	Country	Zip	Country
4. FEI Number 42-1627859		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FETISOV, ALEXANDER 3356 NE 42ND COURT FT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name MIKHAIL FETISOV Street Address (P.O. Box Number is Not Acceptable) 270 SE 8TH STREET POMPAÑO BEACH, FL 33060 City POMPAÑO BEACH, FL Zip Code 33060	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 5.18.05	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FETISOV, MIKHAIE 3356 NE 42ND COURT FT LAUDERDALE, FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fetisov, MIKHAIL 270 SE 8th. St. Pompano Bh. FL 33060 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FETISOV, ALEXANDER 3356 NE 42ND COURT FT LAUDERDALE, FL 33308 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Mikhail FETISOV, DIRECTOR/PRES. 954.785.0544	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	